

endocrinology. For example, in the introduction, Dr. Slaunwhite enthusiastically presents a brief history and evolution of the field. In addition, he mentions the historical importance of many of the discoveries he presents.

It is evident that this book was not designed as a monograph for students who desire only the essentials of endocrinology. Much of the volume's emphasis is on the biochemistry of endocrinology; amino acid sequences of polypeptide hormones are discussed, research methods are discussed, and there is an emphasis on second messenger systems. That the range of topics explored is so broad is both a strong point and also a fault, however. As an introductory text, this book may be read very easily. The writing is clear and the figures are useful, yet too much is covered too quickly. Greater emphasis is placed on the biochemical and experimental aspects of endocrinology, thereby sacrificing coverage of the physiology and clinical aspects of the endocrine system. For example, in the chapter on the "Nutrition and Regulatory Polypeptides of the Gastrointestinal Tract," there is a great deal of emphasis on how the various hormones were discovered, purified, and named. The number of amino acids as well as the amino acid sequences of these hormones are also discussed.

This volume does a good job of covering a great deal of material. The problem with the book is similar to the difficulty encountered by many medical school professors who must teach a subject such as endocrinology to both medical and graduate students. The medical students desire essentials and clinical relevance, while the graduate students desire an emphasis on research and experimental techniques. This text tries to balance the demands of both of these two groups.

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**FASTING GIRLS. THE EMERGENCE OF ANOREXIA NERVOSA AS A MODERN DISEASE.** By Joan Jacobs Brumberg. Cambridge, MA, Harvard University Press, 1988. 366 pp. \$25.00.

In *Fasting Girls*, Joan Jacobs Brumberg traces the history of female self-imposed starvation from medieval times to the present, when anorexia nervosa is an increasingly prominent disease. While many current thinkers contend that our society's preoccupation with thinness and a "perfect" female body are major causative factors in anorexia, Brumberg places the disease in an interesting and broader historical, medical, and social context. She identifies self-imposed starvation as a phenomenon which has afflicted primarily adolescent girls, and examines the particular circumstances which contributed to the genesis of the anorexic during each era of history.

Brumberg describes the evolution of both medical and public perception of self-starvation, since this behavior was not always viewed as a symptom of disease. In medieval times, women who claimed to live without eating were considered holy women. They captured public attention and admiration and often reaped material profits. In the eighteenth and nineteenth centuries, some of the "fasting girls" became the target of a struggle between the materialism of medicine and the spiritualism of religion. Brumberg describes how the idea of living without food symbolized the religious belief in mind-body dualism, and how it angered the new empirical physicians who maintained it was impossible to live without eating. The author claims she is using "food refusal and control of appetite as an indicator of *mentalities* in transition," and

indeed she paints a vivid picture of the changes in European and American society and science by focusing on this particular disease.

From the wealth of details throughout the book, it is clear that Brumberg, a historian, has thoroughly researched her material. While the details add color to the lengthy case histories, they also tend to become repetitive and tedious, and in some cases the author continues to present examples after she has already convincingly illustrated her point. In spite of this, the book is interesting. Brumberg admirably does not attempt to attribute a modern etiology to the self-imposed starvation/anorexia that existed in previous centuries, since doctors of those periods never fully explored the causes of the disease and merely tried to treat its symptoms. She does not try to re-interpret the past to understand modern anorexia. Instead, she describes the religious, social, and cultural mores of the times and how these affected eating habits. Only when she analyzes eating disorders in the twentieth century does she allow herself a more interpretative tone, analyzing how current culture and expectations might lead to obsessional behavior centered around food. She does, however, show how, across the ages, the limitations on women's control over their lives has left them with limited modes of self-expression, and she implies that manipulation of eating habits has always been an acceptable and powerful mode of self-expression, especially for women.

The book should be of interest not only to health professionals, who will undoubtedly meet many patients with anorexia nervosa, but to the general public as well. Although it is not intended to be either a handbook giving advice on management of anorexia nervosa or a conclusive explanation of its causes, the book manages to present new perspectives of a very puzzling disease. By focusing on anorexia in the context of both its own history and of the history of medicine and society, Brumberg also presents new perspectives of the medicine and society of previous periods.

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REASONING IN MEDICINE. AN INTRODUCTION TO CLINICAL INFERENCE. By Daniel A. Albert, Ronald Munson, and Michael D. Resnik. Baltimore, MD, The Johns Hopkins University Press, 1988. 263 pp. \$30.00.

During the period of transition from pre-clinical to clinical medical studies, I noted, with some irony, that my learning had been backward during the first two years. In microbiology, for example, I was introduced to a catalogue of organisms responsible for disease. My assignment was to study each organism's habits and the resulting clinical manifestations. In this way, I acquired a pattern of reasoning from the cause (the organism) to the effect (the signs and symptoms of disease). In the clinical setting, however, I found that the process of diagnosis involved a radically different intellectual challenge. Patients displayed clinical manifestations of disease. The diagnostic assignment was to recall which few of the multitude of disease entities may have borne responsibility for the observed clinical manifestations. This new thought pattern thus involved a cognitive about-face: in clinical diagnosis, the reasoning pattern began with effects and moved "retrograde" to potential causes.

*Reasoning in Medicine* begins with the premise that "the ways in which the good clinician acquires, evaluates, and employs information to reach conclusions about diagnoses and treatments seem almost inexplicable, but in fact the processes involve